

**REQUEST FOR CONTINUED
EXAMINATION (RCE) TRANSMITTAL**

Address to:
Mail Stop: RCE
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Serial No.	10/630,339
Filing Date	07/30/2003
First Named Inventor	Jeff G. Bone
Group Art Unit:	2168
Examiner Name	Dwivedi, Mahesh H.
Atty. Docket No.	STOR1110-1

This is a Request for Continued Examination (RCE) under 37 C.F.R. § 1.114 of the above-identified application. Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application. See Instruction Sheet for RCEs (not to be submitted to the USPTO) on page 2.

1. **Submission required under 37 C.F.R. § 1.114**

- a. ☐ Previously submitted
- i. ☐ Consider the amendment (s)/reply under 37 C.F.R. § 1.116 filed on _____
(Any unentered amendment(s) referred to above will be entered).
- ii. ☐ Consider the arguments in the Appeal Brief or Reply Brief previously filed on _____
- iii. ☐ Other _____
- b. ☒ Enclosed
- i. ☐ Preliminary Amendment
- ii. ☐ Affidavit(s)/Declaration(s)
- iii. ☐ Information Disclosure Statement
- iv. ☒ Other Reply to Office Action dated November 1, 2007

2. **Miscellaneous**

- a. ☐ Suspension of action on the above-identified application is requested under 37 C.F.R. § 1.103(c) for a period of _____ months. (Period of suspension shall not exceed 3 months; Fee under 37 C.F.R. § 1.17(l) required)
- b. ☒ Other _____

3. **Fees** The RCE fee under 37 C.F.R. § 1.17(e) is required by 37 C.F.R. § 1.114 when the RCE is filed.

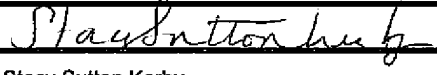
- a. ☒ The Director is hereby authorized to charge *any underpayment or credit any overpayment* to Deposit Account No. 50-3183 for the pendency of this application.
- i. ☒ RCE fee required under 37 C.F.R. § 1.17(e)
- ii. ☐ Additional Claims Fee Under 37 CFR 1.16 and 1.17
- iii. ☐ Other _____
- b. ☐ Check in the amount of \$_____ is enclosed.
- c. ☒ Authorized to deduct \$405.00 From Deposit Account 50-3183 of Sprinkle IP Law Group.

SIGNATURE OF APPLICANT, ATTORNEY OR AGENT REQUIRED

Signature		Date	Feb. 1 2008
Name (print/type)	Katharina Wang Schuster	Registration No.	50,000

CERTIFICATE OF MAILING OR TRANSMISSION

I hereby certify that this correspondence is being transmitted to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA.

Signature		Date	2-1- 2008
Name (Print/Type)	Stacy Sutton Kerby		